

Health Scrutiny Panel

Minutes - 17 July 2014

Attendance

Members of the Health Scrutiny Panel

Cllr Claire Darke (Chair)
Cllr Milkinderpal Jaspal
Cllr Bert Turner
Cllr Greg Brackenridge
Cllr Jasbir Jaspal
Cllr Peter O'Neill
Cllr Daniel Warren

Employees

Viv Griffin	Assistant Director - Health, Well Being and Disability
Adam Hadley	Scrutiny and Transparency Manager
Tessa Johnson	Graduate Management Trainee
Jayne Salter-Scott	Sandwell and West Birmingham Clinical Commissioning
Elizabeth Green	Group Sandwall and Wast Pirmingham Clinical Commissioning
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Debbie Mason	Black Country Partnership Foundation Trust
Maxine Bygrave	Healthwatch
Johnathan Odum	Royal Wolverhampton Hospital Trust
Maxine Espley	Royal Wolverhampton Hospital Trust
Noreen Dowd	Wolverhampton Clinical Commissioning Group
Sarah Fellows	Head of Mental Health Commissioning
John Campbell	Black Country Partnership Foundation Trust

Part 1 – items open to the press and public

ltem No.	Title
1	Apologies Apologies for absence were received from David Loughton.
2	Declarations of Interest There were no declarations of interest.
3	Minutes of the previous meeting (10.6.14) Resolved:

That the minutes of the meeting held on 27 March 2014 be approved as a correct record and signed by the Chair.

4 Matters arising

There were no matters arising.

5 Mental Health Strategy - Black Country Partnership NHS FT

John Campbell introduced the strategy and gave a presentation. Cllr O'Neill asked if there was sufficient provision for prisoners with mental health issues. JC responded that there was on-going work to support such patients in the community. There was a debate regarding how the service supports patients who miss appointments, and the role of the voluntary sector in providing support. Cllr O'Neill asked what the procedure was for detaining patients under the Mental Health Act and JC responded that often there was insufficient cover of Section 12 doctors and there was a potential to merge with Sandwell to improve cover. The panel requested that the pathways relating to suicide amongst young people be brought to scrutiny in due course. There was a debate about bed shortages and JC responded that the reablement programme would help alleviate this issue, although there was a severe shortage.

Resolved:

To approve the recommendations and return the CAMHS to Scrutiny in Autumn 2014.

6 Hyper Acute Stroke Services - Sandwell & West Birmingham CCG

There was a presentation regarding the consultation on the stroke services. It was explained that this was part of the pre-consultation exercise and that the panel would be formally consulted at a future date, and the findings would be shared with the panel. Cllr Jaspal commended the service for the work it had done. Cllr Darke queried whether the key health priorities of the Council (obesity and smoking) could be incorporated into acute care.

Resolved:

To approve the recommendations and receive the findings of the consultation at a later meeting.

7 Provision of elective services by The Royal Wolverhampton NHS Trust at Cannock Chase Hospital - commencement of the public consultation Dr Odum gave a presentation regarding the elective surgery being relocated to Cannock Chase. He outlined the benefits of such a change, including fewer cancellations. He reassured the panel that there would be sufficient consultant numbers to cover both sites. There were concerns raised regarding transport links between the two hospitals, and how patients would be able to access Cannock Chase, particularly those who are vulnerable. Maxine Espley told the panel that this had already been raised and the issue would be extensively reviewed, however it was very unlikely that patients would need to be transferred between the two sites. Vulnerable patients eligible for ambulance transport would still be able to access this service. There were questions raised regarding patient choice. ME responded that many surgeries will only be available on one site. The consultation will be published during the week following the meeting and close during the first week of September. The consultation window needs to cater for feeding the results back to scrutiny and enabling patients to start being treated in Cannock Chase in the busy winter period.

Resolved:

To approve the recommendations.